A05000000664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

400076046854

06/12/06--01072--008 **52.50

FILED
06 JUN 12 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Odligan JUN 19 2006

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A G THERAPEUTICS L.T.D
(Name of Foreign Limited Partnership or Limited Liability Limited Partnership)

The enclosed amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

ANTHONY C. GUARINO
(Contact Person)

A G THERAPEUTICS L.P.
(Firm/Company)

8805 TAMIAMI TRL N, SUITE 175
(Address)

NAPLES, FL 34108
(City, State and Zip Code)

For further information concerning this matter, please call:

ANTHONY GUARINO at (617) 678-8880
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☑ $52.50 Filing Fee
- ☐ $61.25 Filing Fee and Certificate of Status
- ☐ $105.00 Filing Fee and Certified Copy
- ☐ $113.75 Filing Fee, Certified Copy, and Certificate of Status

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

AMENDMENT TO CERTIFICATE OF AUTHORITY
FOR
FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP

1. The name of the limited partnership or limited liability limited partnership as it appears on the records of the Florida Department of State is:
AG THERAPEUTICS LTD.

2. The jurisdiction of its formation is: April 2005

3. The date the entity was authorized to transact business in Florida is: April 2005

4. If the amendment changes the name of the limited partnership or limited liability limited partnership, enter the new name: A.G. THERAPEUTICS L.P

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

5. If the amendment changes the general partner(s), list the name and business address of each general partner:

Name:	Business Address:

FILED
06 JUN 12 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: NA

7. If the amendment corrects any false statement listed in the application, indicate the statement being corrected and the correction:

NA

8. If the amendment is to add or delete an election to be a limited liability limited partnership statement, check the appropriate box: NA

☐ The entity elects to be a limited liability limited partnership.

☐ The entity is no longer a limited liability limited partnership.

9. Attached is an original certificate, no more than 90 days olds, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized. NA

10. Effective date, if other than the date of filing: NA

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

FILED
06 JUN 12 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signature of a general partner:

Anthony C. Guarino

Typed or printed name:

ANTHONY C. GUARINO

Filing Fee: **$52.50**
Certified Copy (optional): **$52.50**
Certificate of Status (optional): **$8.75**